

Ophthalmic Literature

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CORRESPONDENTS

EDWARD JACKSON, M. D.
WILLIAM H. CRISP, M. D.
DR. MARCEL DANIS, Brussels, Belgium
PROF. J. KOMOTO, Tokyo, Japan

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CONTENTS

Histories of Societies.....	1
The American Ophthalmological Society.....	1
Book Notices:	
American Encyclopedia of Ophthalmology, Volume V.....	3
Index of Ophthalmology:	
Diagnosis, Therapeutics	4
Operations, Refraction, Ocular Movements, Conjunctiva.....	5
Cornea and Sclera, Anterior Chamber and Pupil, Uveal Tract.....	6
Sympathetic Disease, Glaucoma, Crystalline Lens.....	7
Vitreous, Retina	8
Toxic Amblyopias, Optic Nerve, Tracts and Centers, Color Vision	9
The Lacrimal Apparatus, Lids, Orbit, Parasites, Tumors.....	10
Injury, Pathology	11
General Diseases, Comparative Ophthalmology, Hygiene, Ophthalmic Sociology and History.....	12
Abstracts From Foreign Journals:	
Apparent Pigmentation of Conjunctiva.....	13
Ocular Pressure and Arterial Pressure.....	13
Ocular Tension at High Altitudes.....	14
Trephining for Glaucoma	14
Blood Serum in Affections of Orbit.....	14
Ocular Tissues After Section of Trigeminus.....	15
Trachoma Corpuscles	16
Influence of Seasons on Conjunctivitis.....	16
Irritative Action of Eel's Blood and Bile.....	16

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Ophthalmic Literature

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HISTORIES OF OPHTHALMOLOGICAL SOCIETIES.

Many events that would be interesting and instructive to know about never get permanent record. Those familiar with them carry them in memory for a time, often intending to place them on record, but put the matter off, until with their death the facts are permanently lost. In the end history has to deal only with the printed or written records.

The time has come in America when the early history of our ophthalmological societies must be written out, or it will be finally lost. Already the founders of our oldest organizations are gone, and only the written accounts of their origins and earliest doings can be obtained. It is with the desire to have placed on record whatever is still obtainable with regard to the early history of ophthalmological societies in America that the sketches to follow have been prepared.

THE AMERICAN OPHTHALMOLOGICAL SOCIETY.

After some preliminary correspondence between Drs. Hasket Derby of Boston and F. J. Bumstead and Henry D. Noyes of New York, a conference with regard to the formation of such an organization was held at the office of Dr. Noyes, 278 Fourth Avenue, New York City, January 9, 1864. In this conference there participated in addition to the three above named, Drs. Henry B. Sands, Herman Althof, John H. Hinton, D. B. St. John Roosa and W. F. Holcomb, all of New York. Dr. Ezra Dyer started from Philadelphia to attend the conference, but was so delayed by ice in crossing the Hudson River that he arrived after it had adjourned. After choosing Dr. Sands chairman and Dr. Noyes secretary, the subject of founding a journal of ophthalmology was discussed, and resolution unfavorable to the project adopted. The American Journal of Ophthalmology, begun in New York by Dr. Julius Homberger in July, 1862, had continued through six issues in a year and one-half and had then suspended.

After discussion it was decided to invite the ophthalmic surgeons of the whole country to come together in New York at the time of the meeting of the American Medical Association in that city for the purpose of forming an American Ophthalmological Association. To extend a call for such a meeting Drs. Bumstead, Noyes and Derby were named as a committee.

On the afternoon of June 7, 1864, the meeting was held at the New York Eye and Ear Infirmary, Second Avenue and Thirteenth Street. This was attended by all who had been present at the original conference, and the following in addition: Drs. Ezra Dyer of Philadelphia, John H. Dix, B. Joy Jeffries and Francis B. Sprague of Bos-

OPHTHALMIC LITERATURE

ton; and from New York, Drs. Edward Delafield, C. R. Agnew, Francis Simrock, William H. Carmalt, William Stimpson and Henry B. Sands, with Dr. C. A. Robertson of Poughkeepsie. The meeting was called to order by Dr. Bumstead. Dr. Edward Delafield was elected chairman and Dr. H. D. Noyes secretary. A committee, composed of Drs. Bumstead, Derby and Dyer, brought in a constitution, which was discussed and adopted with the name American Ophthalmological Society. After providing for a session next day, and appointing a committee on membership, the session adjourned.

The signatures of the original members to the constitution are dated June 8, 1864. On that day all signed that have been mentioned as in attendance the day before, except Dr. Simrock, who probably signed later. In addition the following joined on the above date: Drs. Henry W. Williams and Gustavus Hay of Boston, A. Dubois and Francis Delafield of New York, Edward L. Holmes and Joseph S. Hildreth of Chicago, E. Williams of Cincinnati and J. F. Noyes of Detroit.

On this date the first scientific communication was read by Dr. Dix. It referred to "a transparent neoplastic formation in the anterior chamber of one eye." Dr. Dix also read a paper on the effects of calabar bean upon paralysis of accommodation following diphtheria. Dr. Derby exhibited specimens of calabar bean; Dr. Agnew described his operation for dense and closely adhering capsular cataract, and made some remarks on keratonyxis as a tentative proceeding before extraction of cataract. Dr. Noyes presented an oil painting of a case of opacity of the nerve fibres in the retina.

The second annual meeting was held at the New York Eye and Ear Infirmary, June 13 and 14, 1865.

The third meeting was held at the Massachusetts Charitable Eye and Ear Infirmary in Boston, June, 1866. The fourth was held at Niagara Falls, in June, 1867, but was poorly attended. In July, 1868, the fifth meeting was held at Newport, R. I. From this time on the meetings were held about the middle of July, and always away from the large cities, until the time of the organization of the Congress of the American Physicians and Surgeons. Since that time the Society has met with the congress every third year in Washington, D. C. In 1872 the meeting was omitted, to allow the members to attend the International Medical Congress, held in London, and again in 1876, when in response to an invitation from the Society the International Ophthalmological Congress met in New York. In 1877 another meeting was attempted at Niagara Falls, but only six members attended, and it adjourned for lack of a quorum. In 1878 the membership had risen to 73 active and 5 honorary members, and 24 attended the annual meeting at Newport. Since that time no annual meeting has been omitted, and the membership has risen to 196 active and 3 honorary members.

The original membership of the society reflected the absence of specialization still prevalent in the medical profession. Dr. Bumstead, who called the first meeting to order, became more widely known as a genito-urinary surgeon. Dr. Edward Delafield, the first president

of the society, although closely identified with the New York Eye and Ear Infirmary from its foundation, was at least equally interested in obstetrics and diseases of children. Of the four Philadelphians elected at the first meeting, three served as general surgeons to the Pennsylvania Hospital. Only the younger men like Noyes, Derby, Dyer, Agnew and E. Williams were distinctly committed to ophthalmology as a special line of practice. Even Carmalt, one of the youngest, has continued to teach and practice general surgery throughout his active professional life.

But this did not hold true of those who subsequently joined the society. Even in its earlier years C. S. Bull, John Green, Herman Knapp, E. G. Loring, W. F. Norris, G. Strawbridge, W. F. Thomson and O. F. Wadsworth were all distinctively ophthalmologists. The rule of the society requiring years of special attention to ophthalmic practice, the interest of the meetings devoted entirely to ophthalmic subjects, kept out those who had not recognized in this branch their leading professional interest.

For some years many of the members were equally interested in otology. The American Otological Society had been organized largely by members of the American Ophthalmological Society and, for many years, held its meetings the day preceding the older organization, at the same place. This was especially attractive to men engaged in both lines of practice. But of late years this regular association of the two meetings has been given up, and otology has become more closely associated with rhinology and laryngology, so that the American Ophthalmological Society has progressively become more completely an organization of specialists. From the beginning its transactions have reflected the interest of American ophthalmologists in the preponderance of short papers offering practical suggestions, or placing on record the chief features of striking cases.

EDWARD JACKSON.

BOOK NOTICES.

The American Encyclopedia of Ophthalmology, Volume V, edited by **Casey A. Wood** of Chicago, assisted by a large staff of collaborators. Pages 3131 to 3993. Fully illustrated. Chicago: Cleveland Press. 1914. Price, \$6.00 per volume.

In the introduction to this volume the editor and his collaborator, Dr. Shastid, acknowledge great obligation to the works of Prof. Hirschberg, whom the latter "regards as almost the creator of ophthalmic history and biography." With this is coupled an imposing list of authorities to which the editor feels indebted in a special sense. To glance at this introduction one might gain the impression that the work was chiefly historical, and this impression might be strengthened by the details given in some of the biographical sketches, or their length, as that of Daviel occupying more than twenty-five pages.

But on turning to the sections on various forms of conjunctivitis such an impression is quickly corrected. The work seems quite up to date. Besides two pages giving condensed accounts of eleven very exceptional and rare forms of conjunctivitis, we find over three pages devoted to Samoan conjunctivitis and six pages to conjunctivitis of the squirrel plague, none of which are mentioned in any treatise on ophthalmology previously published. The total section on conjunctivitis occupies 100 pages.

The same modern spirit and treatment are shown in the section

OPHTHALMIC LITERATURE

on "Conservation of Vision," eighty-one pages, by Allport, and in sections on other topics that have recently become important. There are detailed accounts of "Coppock" cataract, the corneal lesions of acne rosacea, Fuchs' epithelial dystrophy of the cornea, family degeneration, nodular opacities, grill-like keratitis and many other conditions about which little information is to be had, even in the latest editions of our larger text-books. Ethylhydrocuprein receives full notice. The ophthalmic aspects of cerebral decompression occupy nine pages; dacryocystorhinostomy, five pages, and diaphanoscopy fourteen pages. Among other important sections are those on development of the eye, twenty-eight pages with fifty-six illustrations, and "Dental Amblyopia," made to include ocular inflammations arising from dental disease.

The editor and his co-workers, of whom thirty-two are mentioned as having contributed to this volume, are to be congratulated on the completion of this fifth volume, and the profession is equally to be congratulated on having so large a proportion of the work now at its service.

Index of Ophthalmology

DIAGNOSIS.

- Ammann, E.** Habituation and Stereoscopic Vision. *Klin. M. f. Augenh.*, 53, p. 573.
Comberg, W. Demonstration of Stereoscopic Roentgenograms. *Cent. f. p. Augenh.*, 38, p. 228.
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 Repeated Titles. *Kijosawa* (3, p. 163) *Ophthalmology*, 11, p. 425. *Naito* (4, p. 3) *Ophthalmology*, 11, p. 432. *Onishi* (3, p. 165) *Ophthalmology*, 11, p. 426.

THERAPEUTICS.

- Erdmann, P.** Subconjunctival Injections of Adrenalin Preparations in Rabbits, and Their Therapeutic Use in Man. (Bibl.) *Zeit. f. Augenh.*, 32, p. 216. *Ophthalmology*, 11, p. 390.
Fleig, C. Toxicity of Salvarsan. *Clin. Opt.*, 20, p. 522.
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 Repeated Titles. *Sattler* (4, p. 100) *Ophthalmology*, 11, p. 389. *Tzuchihashi* (3, p. 178) *Ophthalmology*, 11, p. 426.

OPERATIONS.

Kuhath. Scopo-morphin Twilight Sleep in 400 Eye Operations. Bonn Thesis. Klin. M. f. Augenh., 53, p. 562.
Repeated Titles. Reinflet (4, p. 38) Ophth. Rev., 34, p. 14.

REFRACTION.

Aronsfeld, G. H. Heredity and Errors of Refraction. Op. Jour. and Rev. of Optom., 35, p. 26.
Axt, G. Statistics of Astigmatism. Jena Thesis.
Clarke, E. Insomnia and Suicide (Errors of Refraction). Lancet, Jan. 9, p. 98.
Dimitry, T. J. Ciliary Muscle and Accommodation. Charlotte Med. Jour., 71, p. 22.
Eunicke. Myopia in the Geissen Clinic. Klin. M. f. Augenh., 53, p. 596.
Krusius, F. F. New System of Test Lenses. (4 ill.) Klin. M. f. Augenh., 53, p. 564.
McCool, J. L. Anomalies of Accommodation and Their Practical Significance. Ophthalmology, 11, p. 293.
Mason, A. B. Spheric Aberration; Importance of Its Correction in Refraction. (2 ill.) Ophth. Rec., 24, p. 12.
Pascal, J. I. Opinion of Dynamic Skiametry. Op. Jour. and Rev. of Optom., 35, p. 27.
Repeated Titles. Nakamura (3, p. 179) Ophthalmology, 11, p. 427.

OCULAR MOVEMENTS.

Bell, G. H. Total Ophthalmoplegia. Arch. of Ophth., 44, p. 76.
Dimitry, T. J. Eyes in Parallelism. Pan-Am. S. and M. Jour., 19, p. 8.
Dorff, H. Latent Nystagmus. (Bibl.) Klin. M. f. Augenh., 53, p. 503.
Ewing, A. E., and Sluder, G. Abducens Palsy After Nasal Trauma and Nasal Infection. Amer. Jour. Ophth., 31, p. 353.
Harman, N. B. Cure of Squint. Med. Press and Circ., 98, p. 617.
Jordan, J. H. Nystagmus in Cerebral Lues. Cent. f. p. Augenh., 38, p. 248.
Lanier, L. H. Ocular Palsies. Texas State Jour. Med., Nov., 1914.
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Wilson, J. G. Mechanism of Labyrinthine Nystagmus and Its Modifications by Lesions in Cerebellum and Cerebrum. Arch. of Int. Med., 15, p. 31.
Repeated Titles. **Akatzuka** (3, p. 166) Ophthalmology, 11, p. 424. **Ichihara** (3, p. 166) Ophthalmology, 11, p. 424. **Nomura** (4, p. 5) Ophthalmology, 11, p. 432. **Ohm** (4, p. 155) Klin. M. f. Augenh., 53, p. 589. **Suda** (4, p. 166) Ophthalmology, 11, p. 424.

CONJUNCTIVA.

Axenfeld, T. Etiology of Trachoma. Amer. Jour. Ophth., 31, 367. Ophth. Rev., 34, p. 17.
Batalin. Electrargol in Diseases of Conjunctiva. Sibirsk Vrach, 1914, p. 430.
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Campbell, M. A. Effective Control of Trachoma in Two Industrial Plants. Ohio St. Med. Jour., 11, p. 23.
Graef, C. Prevention and Treatment of Suppurative Ophthalmia. N. Y. Med. Jour., 101, p. 100.
Leonoff, A. A. Spread of Trachoma in Tomsk, Siberia. Sibirsk Vrach, 1, p. 147.
Puscariu, E. Treatment of Trachoma. Clin. Ophth., 20, p. 495.
Randolph, R. L. Melanosis of Conjunctiva. Ophth. Rec., 24, p. 20.

OPHTHALMIC LITERATURE

- Rössler, F.** Treatment of Trachoma With Ultra-violet Light. Cent. f. p. Augenh., 38, p. 255.
 Repeated Titles. **Hida** (4, p. 5) Ophthalmology, 11, p. 433. **Hojo** (3, p. 167) Ophthalmology, 11, p. 426. **Masuda** (3, p. 167) Ophthalmology, 11, p. 426. **Matsumoto** (4, p. 5) Ophthalmology, 11, p. 429. **Myashita** (4, p. 5) Ophthalmology, 11, p. 429. **Oblath** (4, p. 101) Ophth. Rev., 33, p. 343. **Ogiu and Imai** (4, p. 5) Ophthalmology, 11, p. 431. **Wakisaka** (4, p. 6) Ophthalmology, 11, p. 430. **Wolff** (4, p. 179) Ophthalmology, 11, p. 393.

CORNEA AND SCLERA.

- Bergmeister, R.** Rupture of Descemet's Membrane With Partial Necrosis of Cornea in Glioma. (1 pl.) Zeit. f. Augenh., 32, p. 205.
Carpenter, E. R. Keratoconus Cured With High Frequency Spark. Ophth. Rec., 24, p. 18.
Cockrell, B. A. Corneal Ulcer; Complications and Sequel. Ky. Med. Jour., 13, p. 58.
Dorente, D. R. Corneal Ulcers. Jour. Ark. Med. Soc., 11, p. 188.
Fromaget, C. Inefficacy of Neo-salvarsan in Keratitis of Hereditary Syphilis. Clin. Opht., 20, p. 486.
Gradle, H. S. Syphilis of the Cornea. Urol. and Cutan. Rev., 19, p. 12.
Schieck. Schereschewsky's Alleged Production of Keratitis Parenchymatosa With Spirochetes. Deutsche Med. Woch., 40, p. 2039.
Tyson, H. H. Degeneration of Cornea. Arch. of Ophth., 44, p. 77.
Vaugy and Vantey. Ethylhydrocuprein (Optochin) for Corneal Ulcer. Clin. Opht., 20, p. 5044.
Zentmayer, W. Disciform Keratitis. Wills Hosp. Ophth. Soc., May 4. Ophth. Rec., 24, p. 42.
 Repeated Titles. **Dutoit** (4, p. 102) Ophthalmology, 11, p. 378. **Hida** (4, p. 6) Ophthalmology, 11, p. 430. **Kumagai** (3, p. 180) Ophthalmology, 11, p. 428. **Romiee** (4, p. 165) Clin. Opht., 20, p. 530. **Schieck** (4, p. 150) Ophthalmology, 11, p. 408. **Uchida** (3, p. 180) Ophthalmology, 11, p. 428. **Von Poppen** (4, p. 102) Ophthalmology, 11, p. 407.

ANTERIOR CHAMBER AND PUPIL.

- Antoni, N. R. E.** Adrenalin and the Pupil. Neurol. Ztbl., No. 11. Zeit. f. Augenh., 32, p. 338.
Klein, J. Direction of Currents and Absorption From Anterior Chamber. Cent. f. p. Augenh., 38, p. 255.
Oloff, H. Myotonic Convergence Reaction of Pupil. (Bibl.) Klin. M. f. Augenh., 53, p. 493.
Onfray. Pupillary Membrane Adherent to Cornea. Clin. Opht., 20, p. 530.
Rockcliffe. Mydriasis and Iridocycloplegia. Roy. Soc. Med., Ophth. Sec. Arch. of Ophth., 44, p. 80.
 Repeated Titles. **Holmes-Spicer** (4, p. 166) Arch. of Ophth., 44, p. 81. **Metzner and Wölfflin** (4, p. 166) Klin. M. f. Augenh., 53, p. 584. **Thompson** (4, p. 166) Arch. of Ophth., 44, p. 80.

UVEAL TRACT.

- Brock, W.** Idiopathic Iridocyclitis and Sympathetic Ophthalmia. Arch. of Ophth., 44, p. 64.
Busacca. Origin of Choroidal Pigment. Zeit. f. Augenh., 32, p. 408.
Hacker, G. Cyst-like Division of Posterior Chamber. München Thesis.
Overhoff, E. Total Congenital Irideremia. Stud. z. Patol. d. Entwickl., 2, Ht. 1.
Reber, W., and Lawrence, G. Gonorrhreal Iritis, etc. Ophth. Rec., 24, p. 1.
Reitsch, W. Reaction of Sphincter With Posterior Annular Synechiae and Atrophy of Iris. (2 ill.) Klin. M. f. Augenh., 53, p. 545.
Rollet and Genet. Gumma of Iris. Clin. Opht., 20, p. 542.

Rutteman. So-called Glands of Collins in Section of Ciliary Body. Amsterdam Thesis. Klin. M. f. Augenh., 53, p. 584.

Wiegmann, E. Congenital Separation of Layers of Iris. Klin. M. f. Augenh., 53, p. 542.

Repeated Titles. **Eason** (4, p. 166) Arch. of Ophth., 44, p. 81. **Kuboki** (4, p. 7) Ophthalmology, 11, p. 432.

SYMPATHETIC DISEASE.

Eischnig. Conveyance of Sympathetic Irritation. Deutsche Med. Woch., 40, p. 1985. Jour. A. M. A., 64, p. 185.

Jampolsky, F. Sympathetic Ophthalmia After Enucleation. Zeit. f. Augenh., 32, p. 233. Ophthalmology, 11, p. 417.

Repeated Titles. **Eischnig** (4, p. 103) Ophthalmology, 11, p. 418. **Komoto** (4, p. 7) Ophthalmology, 11, p. 432. **Meller** (4, p. 103) Ophthalmology, 11, p. 418.

GLAUCOMA.

Abadie, C. New Treatment for Glaucoma. Clin. Opht., 20, p. 479. **Albanese, W.** Behavior in Anterior Chamber of Disc From Trehphining Experiments. (4 ill.) Arch. di Ott., 21, p. 626.

Elliot, R. H. Sclero-corneal Trehphining in the Operative Treatment of Glaucoma. Ophthalmology, 11, p. 241.

Golomb, J. Congenital Hydrophthalmos. Berlin Thesis.

Goodenow, N. H. Glaucoma Cured by Elliot Operation. Ophthalmology, 11, p. 276.

Guglianetti, L. Late Infection After Sclero-corneal Trehphining. (1 ill.) Arch. di Ott., 21, p. 633.

Holt, E. E., Jr. Sclero-corneal Trehphining. Ophthalmology, 11, p. 260.

Johnston, J. G. Scleral Trehphining for Glaucoma and Results. Charlotte Med. Jour., 71, p. 3.

Markham, H. C. Good Results Following Elliot Trehphining Operation. Jour. Kansas Med. Soc., 14, No. 7.

Maynard, F. P. Vindication of Iridectomy. Ophth. Rev., 33, p. 350.

Neuffer. Relations of Primary Glaucoma to Sex, Age and Refraction. Tübingen Thesis. Klin. M. f. Augenh., 53, p. 586.

Swift, G. W. Report of Surgical Clinic of Col. Elliot. Ophthalmology, 11, p. 252.

Türk, S. To Facilitate Trehphining. Klin. M. f. Augenh., 53, p. 581.

Van Geuns. Trehphining in Glaucoma. Klin. M. f. Augenh., 53, p. 583.

Repeated Titles. **Böhm** (4, p. 103) Ophthalmology, 11, p. 384. **Elsberg** (4, p. 23) Cent. f. p. Augenh., 38, p. 248. **Heine** (4, p. 181) Ophthalmology, 11, p. 398. **Hertel** (4, p. 104) Ophthalmology, 11, p. 410. **Morax** and **Fourrière** (4, p. 87) Ophth. Rev., 33, p. 347. **Mori** (4, p. 8) Ophthalmology, 11, p. 429. **Kitakata** (3, p. 169) Ophthalmology, 11, p. 425.

CRYSTALLINE LENS.

Barnes, L. E. Persistent Capsulo-pupillary Membrane. Chicago Ophth. Soc., Nov. 16. Jour. Ophth. and Oto-Laryngol, 8, p. 403.

Bougau. Operation for Cataract in Diabetes. Clin. Opht., 20, p. 529.

Critchett, A. Optical Iridectomies in Lamellar Cataract. Ophth. Rev., 34, p. 27.

Fisher, W. A. Loss of Vitreous in Intracapsular Cataract Operation and Its Prevention. (9 ill.) Arch. of Ophth., 44, p. 18.

Twelve Consecutive Intracapsular Cataract Operations and Visual Results. Ophthalmology, 11, p. 318.

Green, A. S., and Green, L. D. Smith-Indian Cataract Operation; Scientific Investigation. (5 ill., Bibl.) Ophthalmomogy, 11, p. 303.

Higginbotham, T. L. Are Simple Cataracts Caused by Chronic Pyogenic Infection? Jour. Kans. Med. Soc., 15, p. 8.

OPHTHALMIC LITERATURE

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- McKechnie, W. E.** Choice of Operation for Cataract. *Ophth. Rev.*, 33, p. 330.
- Posey, W. C.** Congenital Cataract. *Wills Hosp. Ophth. Soc., May 4 Ophth. Rec.*, 24, p. 42.
- Puscariu, E.** Conjunctival Flap in Cataract Operation. (4 ill.) *Klin. M. f. Augenh.*, 53, p. 576.
- Smith, H.** Treatment of Earlier Stages of Senile Cataract. *Indian Med. Gaz.*, 59, Nov.
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- Vail, D. T.** Delayed Healing of Wound in Cataract Extraction. *Ophthalmology*, 11, p. 313.
- Zimmermann, C.** Annular Opacity of Anterior Surface of Lens After Traumatism. (Bibl.) *Ophthalmology*, 11, p. 327.
- Repeated Titles. **Andogsky** (4, p. 104) *Ophthalmology*, 11, p. 360. **Barth** (4, p. 104) *Ophthalmology*, 11, p. 363. **Goldschmidt** (4, p. 104) *Ophthalmology*, 11, p. 387. **Hida** (4, p. 9) *Ophthalmology*, 11, p. 431. **Komoto** (4, p. 9) *Ophthalmology*, 11, p. 433. **Nesfield** (4, p. 167) *Ophth. Rev.*, 34, p. 22. **Römer** and **Gebb** (4, p. 152) *Ophthalmology*, 11, p. 407. **Schanz** (4, p. 152) *Ophthalmology*, 11, p. 360. **Valude** (4, p. 74) *Ophth. Rev.*, 33, p. 342. **Van Lint** (4, p. 105) *Ophth. Rev.*, 33, p. 341. **Vogt** (4, p. 105) *Ophthalmology*, 11, p. 361.

VITREOUS.

- Nomura** (4, p. 9) *Ophthalmology*, 11, p. 430.

RETINA.

- Angelucci, A.** Subconjunctival Injections for Detachment of Retina. *Arch. di Ott.*, 21, p. 641.
- Blachowski.** Perception in Dark Adaptation. *Zeit. f. Sinnesphysiol.*, 48, Ht. 5 and 6.
- Eason, H. L.** Spontaneous Recovery From Detachment of Retina. *Lancet*, Jan. 2, p. 14.
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Anselmi, G. Histologic Study of Apparent Pigmentation of the Tarsal Conjunctiva. (Archivio di Ottalmologia, 21st year, p. 347.)

The peculiar condition described was noticed incidentally in a man of 32 years who came to the clinic for a slight degree of toxic neuritis from alcohol and tobacco. In other respects his eyes had always been free from internal or external disease, and he had never used collyria. On the tarsal conjunctiva of each upper lid was an irregularly rounded gray area about five or six millimeters in diameter. These areas were smooth, not raised above the surrounding conjunctiva, and of fairly well-defined outline. The Meibomian tubules could be seen in the usual fashion through the palpebral conjunctiva, except within the gray areas. A piece was removed from the affected area of each upper lid and studied in microscopic sections. In neither specimen was there any actual pigmentation. As regards the right side, the dark color was due to a large cystic cavity occupying the whole thickness of the tarsus. In the tissue from the left side there were numerous large cystic cavities in the tarsus. The spaces were lined with epithelium. The formation of the cysts appeared from the histologic examination to be due to modifications in the epithelial elements of the glands and their ducts, leading to their transformation into sebaceous cells. The process had apparently originated in the excretory portions of the glands.

Casolino, L. Ocular Pressure Under Influence of Drugs Which Modify the Arterial Pressure. (Archivio di Ottalmologia, 21st year, p. 588.)

The experiments were made upon dogs, using hydrochloride of cholin and nitrate of amyl as depressors of the arterial tension; and hydrochloride of adrenalin, strophanthin and neutral sulphate of atropin as hypertensive agents. The author's conclusions follow: 0.02 g. of cholin produced lowering of the arterial and of the endocular pressure. Twice the amount named of cholin caused lowering of the arterial tension, whereas in the ocular pressure there was at first a rise and later a diminution. Nitrate of amyl by inhalation caused slight lowering of the arterial and very marked lowering of the endocular pressure. After cutting the cervical vagi, inhalation of the drug caused a considerable lowering of the arterial pressure. Adrenalin constantly produced a rise of both arterial and endocular pressure, the latter ephemeral in character. Stimulation of the vagus after injection of atropine caused an increase in the arterial and lowering of the endocular pressure. Strophanthus caused an increase in the arterial and lowering of the endocular pressure. Stimulation

of the vagus with a weak induced current caused a considerable lowering of both pressures. Stimulation of the crural, on the other hand, caused a rise in both pressures.

Guglianetti, L. Tension of the Eyeball at High Altitudes. (Archivio di Ottalmologia, 21st year, p. 382.)

The investigations were conducted during the summers of 1912 and 1913 on Mount Rosa, in the Mosso scientific laboratories on Olen Pass at 3,000 meters above sea level, and in the Regina Margherita cabin at 4,565 meters. The tension was tested with the Schiötz tonometer. The results in human subjects were controlled by tests on dogs and rabbits which were carried to these elevations. In no case were variations found between the tension at or near sea level and that for the same subject at the altitudes named. Guglianetti remarks that, in connection with the relation which some writers have stated to exist between the general blood pressure and the intraocular tension, it is interesting to recall that various investigations have shown that blood pressure does not vary with altitude. The author's experiments were planned to exclude the element of fatigue, which does modify the intraocular tension.

Guglianetti, L. Sclero-corneal Trephining in the Treatment of Glaucoma. (Archivio di Ottalmologia, 21st year, p. 393.)

This is a detailed statement of the results obtained in twenty-four glaucomatous eyes, operated upon in Angelucci's Naples clinic, and which were briefly reported in discussion at the 1913 International Congress of Medicine in London. Elliot's own technique was followed. A trephine of 1.5 mm. diameter was used, complete or peripheral iridectomy was commonly associated with the trephining, and the conjunctival flap was rarely sutured. In five cases of chronic simple glaucoma, the tension returned to within normal limits, and in two cases the vision and visual fields were improved. One case of severe acute inflammatory glaucoma failed to respond to two trephinings combined with iridectomy. Nine cases of chronic inflammatory glaucoma showed complete cessation of pain. In three of these the vision was improved, in four it remained stationary, and in two it became worse. In a case of cicatricial staphyloma of the cornea with slight rise of tension and moderate pain, simple trephining reduced the tension to within normal limits and the eye gave the patient no further trouble. In two cases of glaucoma secondary to iridocyclitis enucleation subsequently became necessary. In two other cases of the same class the pain ceased, but the tension returned to slightly above normal, in spite of iridectomy having been done. In a case of glaucoma secondary to keratitis and iridocyclitis, with general enlargement of the eyeball and incipient intercalary staphylomata, two trephinings at a short interval brought the tension to normal, and the intercalary staphylomata were no longer visible. In another eye with glaucoma secondary to iridocyclitis, and with a large equatorial staphyloma of the sclera, simple trephining brought the tension to within normal limits and slightly improved the vision. In only one case was a slight inflammation of the iris observed, and this was of short duration and left no troublesome consequences.

Folinea, G. Antitryptic Power of Blood Serum in Affections of the Orbit. (Archivio di Ottalmologia, 21st year, pp. 307 and 337.)

Among a number of writers there has been general agreement that the trypto-inhibitory power of the blood serum is decidedly augmented in the subjects of malignant new growths. Using the method of Fuld and Gross, the writer investigated the extent to which this change in the blood serum might be present in cases of orbital tumor. The antitryptic power of the serum was decidedly

increased in a case of small round-cell sarcoma of the orbit, which had infiltrated the superior rectus muscle and almost destroyed the vision; not at all increased in a case of orbital cyst which had produced marked exophthalmus, but had only moderately affected the vision; increased in a case of encapsulated round-cell sarcoma of the upper part of the orbit, in which the vision was reduced to 1/10; not at all increased in a case of lobular lipoma of the orbit in which the vision had been reduced to 1/6; almost absent in a case of exophthalmus which improved rapidly under mercurial injections, and greatly increased in a case of inoperable endothelial sarcoma arising from the sphenoid sinus and already extending into the nasopharynx.

Folinea regards his studies as supporting the view of Bergmann and Meyer that the increase of antitryptic power in the serum of cancer patients is determined by proteolytic ferments arising from the tumor itself; rather than from a fermentative reaction in the white blood corpuscles in contact with the ulceration of the tumor.

Sgrossio, S. Neuroparalytic Keratitis and Alterations in Ocular Tissues From Intracranial Section of the Trigeminus. (Archivio di Ottalmologia, 21st year, pp. 241 and 281.)

Intracranial section of the fifth nerve was done upon rabbits and guinea-pigs, according to the method of Magendie and Fodera. The individual experiments, fourteen in number, and the histological studies arising from them, are described in considerable detail. The changes indicated by the histologic examination are described as divisible into two, or perhaps three, stages. In the first stage (after about forty-eight hours), the corneal alterations begin with necrosis and breaking down of the epithelium, especially in the least nourished part of the cornea, that is, in the central part; when the initial lesion arises at the paracentral region it always extends rapidly towards the center. At the same time there are signs of an incipient necrosis in the substantia propria of the cornea; also of the central region. Contemporary with these changes are others in the ciliary body, the processes of which appear swollen and slightly disfigured. In the second stage the loss of epithelium in the central region of the cornea has assumed the aspect of a superficial ulcer, while the substantia propria, to a certain depth, has become richly vascularized and infiltrated with leucocytes. In other words, the tendency at this period is to the formation of new vascular scar tissue. At the same time the ciliary processes present a slow progressive atrophy, being shrunken and incompletely covered with epithelium. The possible third stage referred to was observed in one animal only, and was characterized by almost complete repair, the central region of the cornea being completely covered by new epithelium. The ciliary body continued to show its slow progressive atrophy.

As regards the pathogenic mechanism of these changes, the writer rejects the traumatic theory of Snellen; Bernard's theory of vaso-dilatation by lesions of the sympathetic fibers accompanying the trigeminus; the explanation of the phenomena as due to keratitis e lagophthalmo; and the microbic theory, with regard to which he states that no microorganisms were found in the corneal tissue of the animals experimented upon, and that in no instance was there an infection of the cornea or eyeball. He approves, however, Angelucci's hypothesis that the keratitis is produced by disturbances of function of the vessel walls, by insensibility of these structures and paralysis of the smooth fibers, in consequence of changes in the vascular fibers of the fifth nerve. The marked alterations found in the vessels of the ciliary processes and the resulting changes in the epithelium of the ciliary body, the secondary dystrophy of the ciliary body, and the reduced size of the eyeball in advanced stages of the experiments, taken together, clearly indicate that neuroparalytic keratitis is merely

OPHTHALMIC LITERATURE

an epiphénoménon of a much more complex changes which affects the richly vascularized tissues of the eyeball, upon which depends the nutrition of the entire eye.

Paparcone, E. Contribution to the Knowledge of the "Trachoma Corpuscles." (Archivio di Ottalmologia, 21st year, p. 439.)

Smears were made from the normal conjunctiva of the frog, toad, rat, guinea-pig, rabbit, dog and ape, and of man; and from 60 cases of trachoma, 6 of spring catarrh, 6 of catarrhal conjunctivitis and 4 of purulent conjunctivitis. Only in cases of trachoma, and of these only in 29 out of 60 cases, were the trachoma bodies found in typical form, whereas in other specimens were found pseudo-inclusions, granulations of the cellular protoplasm resembling the trachoma bodies, but not to be confounded with them. In one case of purulent conjunctivitis and one of spring catarrh, outside the cellular protoplasm, was seen a grouping of granules closely resembling, but still capable of differentiation from the trachoma bodies. The trachoma bodies are all of the same size, whereas the granules of the various other cellular inclusions, besides being less individualized and more broken up, appear of different size (that is, within the same cell). The regular and constant form of the true trachoma bodies renders it probable that they are a distinct organic formation rather than representing a secretive or degenerative structure.

Angelucci, A. Influence of the Seasons on Conjunctivitis. (Archivio di Ottalmologia, 21st year, p. 451.)

This short paper is accompanied by three tables by means of which are compared the incidence, month by month, of conjunctivitis of various forms in Egypt as given by Meyerhof, the statistics of the eye clinic at Naples and statistics of the clinic at Palermo.

Oblath, O. Irritative Action of Eel's Blood and Bile on the Eye. (Archivio di Ottalmologia, 21st year, p. 457.)

While cleaning an eel a workman received a splash of blood and bile in his left eye. The eye promptly became very red, and there were marked burning, pain and abundant lacrimation. Next day there were moderate burning of the skin of the eyelids, marked hyperemia of the conjunctiva bulbi, sharp pains and a good deal of photophobia. When recovery, which proceeded slowly, was almost complete, the patient returned one day with the eye again reddened and suffering marked photophobia. At each extremity of the horizontal meridian of the cornea, in the corneal tissue, was a very minute infiltrate. These deposits disappeared and the eye returned to normal in a few days, six weeks from the first disturbance.

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